Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

NATIONAL QUALITY MEASURES CLEARINGHOUSE

General

Title

Depression care: percentage of patients 18 years of age or older with major depression or dysthymia who demonstrated a response to treatment six months (+/- 30 days) after an index visit.

Source(s)

MN Community Measurement. Data collection guide: 2016 depression care measures (02/01/2015 to 01/31/2016 dates of service). Minneapolis (MN): MN Community Measurement; 2015. 37 p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Outcome

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of patients 18 years of age or older with major depression or dysthymia who demonstrated a response to treatment six months (+/- 30 days) after an index visit.

This measure applies to both patients with newly diagnosed and existing depression.

Rationale

Depression is a common and treatable mental disorder. The Centers for Disease Control and Prevention (CDC) states that an estimated 6.6% of the United States adult population (14.8 million people) experiences a major depressive disorder during any given 12-month period. Additionally, dysthymia accounts for an additional 3.3 million Americans. In 2006 and 2008, an estimated 9.1% of U.S. adults reported symptoms for current depression (CDC, 2010). Persons with a current diagnosis of depression and a lifetime diagnosis of depression or anxiety were significantly more likely than persons without these conditions to have cardiovascular disease, diabetes, asthma and obesity and to be a current

smoker, to be physically inactive and to drink heavily (Strine et al., 2008).

Depression is associated with higher mortality rates in all age groups. People who are depressed are 30 times more likely to take their own lives than people who are not depressed and five times more likely to abuse drugs (Joiner, 2010). Depression is the leading cause of medical disability for people aged 14 to 44 (Stewart et al., 2003). Depressed people lose 5.6 hours of productive work every week when they are depressed, fifty percent of which is due to absenteeism and short-term disability.

People who suffer from depression have lower incomes, lower educational attainment and fewer working days each year, leading to seven fewer weeks of work per year, a loss of 20% in potential income and a lifetime loss for each family who has a depressed family member of $300,000 (Smith & Smith, 2010). The cost of depression (lost productivity and increased medical expense) in the United States is $83 billion each year (Greenberg et al., 2003).

The 2006 and 2008 CDC study estimated that the prevalence of current depression among adults in Minnesota was 5.9%, and the percent of Minnesotans who have a lifetime diagnosis of depression is 13% to 15%. In 2011, the suicide rate for Minnesotans was 12.4 per 100,000 population, increased from 2010 and 2009 rates which were 11.2 and 10.8, respectively (Heinen et al., 2013).

Evidence for Rationale

Centers for Disease Control and Prevention (CDC). Current depression among adults---United States, 2006 and 2008. MMWR Morb Mortal Wkly Rep. 2010 Oct 1;59(38):1229-35. PubMed

Greenberg PE, Kessler RC, Birnbaum HG, Leong SA, Lowe SW, Berglund PA, Corey-Lisle PK. The economic burden of depression in the United States: how did it change between 1990 and 2000. J Clin Psychiatry. 2003 Dec;64(12):1465-75. PubMed

Heinen M, Roesler J, Gaichas A, Kinde M. Suicide in Minnesota - 2011 data brief. Saint Paul (MN): Minnesota Department of Health; 2013 Sep.

Joiner T. Myths about suicide. Cambridge (MA): Harvard University Press; 2010. 288 p.

Larson J. (Manager, Health Care Measure Development, MN Community Measurement, Minneapolis, MN). Personal communication. 2015 Dec 8. 1 p.

Smith JP, Smith GC. Long-term economic costs of psychological problems during childhood. Soc Sci Med. 2010 Jul;71(1):110-5.

Stewart WF, Ricci JA, Chee E, Hahn SR, Morganstein D. Cost of lost productive work time among US workers with depression. JAMA. 2003 Jun 18;289(23):3135-44. PubMed

Strine TW, Mokdad AH, Balluz LS, Gonzalez O, Crider R, Berry JT, Kroenke K. Depression and anxiety in the United States: findings from the 2006 Behavioral Risk Factor Surveillance System. Psychiatr Serv. 2008 Dec;59(12):1383-90. PubMed

Primary Health Components

Major depression; dysthymia; treatment response; Patient Health Questionnaire-9 (PHQ-9)

Denominator Description

The eligible population:

- Patients 18 years of age or older at the index visit
- An index visit occurs when ALL of the following criteria are met during a face-to-face visit or contact with an eligible provider in an eligible specialty:
  - A Patient Health Questionnaire-9 (PHQ-9) result greater than nine
  - An active diagnosis of major depression or dysthymia
  - The patient is NOT in a prior index period
- An index period begins with an index visit and is 13 months in duration

See the related "Denominator Inclusion/Exclusions" field.

Numerator Description

The number of patients who demonstrated response to treatment, with a Patient Health Questionnaire-9 (PHQ-9) result that is reduced by at least 50 percent since the index PHQ-9 result, six months (+/- 30 days) after an index visit

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

MN Community Measurement (MNCM) conducts validity testing to determine if quality measures truly measure what they are designed to measure, and conducts reliability testing to determine if measures yield stable, consistent results. Validity testing is done to see if the concept behind the measure reflects the quality of care that is provided to a patient and if the measure, as specified, accurately assesses the intended quality concept. Reliability testing is done to see if calculated performance scores are reproducible.

Evidence for Extent of Measure Testing

MN Community Measurement. Measure testing. [internet]. Minneapolis (MN): MN Community Measurement; [accessed 2015 Nov 12].

State of Use of the Measure

State of Use

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Behavioral Health Care

Hospital Outpatient

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Clinical Practice or Public Health Sites

Statement of Acceptable Minimum Sample Size

Does not apply to this measure

Target Population Age

Age greater than or equal to 18 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Getting Better

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding Period

Measurement year is February 1 to January 31 and refers to the 12 month period that encompasses all measurement periods.

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition

Diagnostic Evaluation

Encounter

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions
The eligible population:

- Patients 18 years of age or older at the index visit
- An index visit occurs when ALL of the following criteria are met during a face-to-face visit or contact with an eligible provider in an eligible specialty:
  - A Patient Health Questionnaire-9 (PHQ-9) result greater than nine
  - An active diagnosis of major depression or dysthymia (Major Depression Value Set*; Dysthymia Value Set*)
  - The patient is NOT in a prior index period
- An index period begins with an index visit and is 13 months in duration

Note: *For behavioral health providers only*: The diagnosis of major depression or dysthymia must be the primary diagnosis.

Exclusions
The following exclusions must be applied to the eligible population:

Patient has diagnosis of bipolar disorder (Bipolar Disorder Value Set*)
Patient has diagnosis of personality disorder (Personality Disorder Value Set*)

The following exclusions are allowed to be applied to the eligible population:

Patient was a permanent nursing home resident at any time during the measurement period
Patient was in hospice or receiving palliative care at any time during the measurement period
Patient died prior to the end of the measurement period

**Value Set*: A set of administrative codes used to define a concept related to the measure construct (e.g., denominator, exclusions) using standard coding systems (e.g., International Classification of Diseases, Tenth Revision [ICD-10], Current Procedural Terminology [CPT], Logical Observation Identifiers Names and Codes [LOINC]). Value Set Dictionaries are available from the MN Community Measurement Web site .

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions
The number of patients who demonstrated response to treatment, with a Patient Health Questionnaire-9 (PHQ-9) result that is reduced by at least 50 percent since the index PHQ-9 result, six months (+/- 30 days) after an index visit

Exclusions
Unspecified

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data

Electronic health/medical record

Paper medical record

Type of Health State

Clinically Diagnosed Condition

Instruments Used and/or Associated with the Measure

- Patient Health Questionnaire-9 (PHQ-9)
- Clinical Level Population Counts Measure Logic Flow Chart for ALL Patients
- 2016 Depression Care Measure Flow Chart for Patients for Determining Index
- 2016 Depression Care Measure Flow Chart for Patients for Determining Numerator Compliance

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Depression: response at six months.

Measure Collection Name

Depression Care

Submitter

MN Community Measurement - Health Care Quality Collaboration

Developer

MN Community Measurement - Health Care Quality Collaboration

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

Unspecified

Financial Disclosures/Other Potential Conflicts of Interest

Unspecified

Endorser

National Quality Forum - None

NQF Number

not defined yet

Date of Endorsement

2016 Feb 8

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2015 Jan

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

Measure Availability

Source available from the MN Community Measurement Web site .

For more information, contact MN Community Measurement at 3433 Broadway St. NE, Broadway Place East, Suite #455, Minneapolis, MN 55413; Phone: 612-455-2911; Web site: http://mncm.org ; E-mail: info@mncm.org.

Companion Documents

The following is available:

Snowden AM, Xiong M, Ghere E, Johnson J. 2015 health care quality report. Minneapolis (MN): MN Community Measurement; 2016. 419 p. This document is available from the MN Community Measurement Web site .

NQMC Status

This NQMC summary was completed by ECRI Institute on March 21, 2016. The information was not verified by the measure developer.

Copyright Statement

Production

Source(s)

MN Community Measurement. Data collection guide: 2016 depression care measures (02/01/2015 to 01/31/2016 dates of service). Minneapolis (MN): MN Community Measurement; 2015. 37 p.

Disclaimer

NQMC Disclaimer

Readers with questions regarding measure content are directed to contact the measure developer.